

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JS</i>		<i>9-16-98</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>9-21-98</i>
FORMALITY REVIEW	<i>PD</i>	<i>00989</i>	<i>9-29-98</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
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48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
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100	✓	✓	✓

Claim	Final	Original	Date
110			
112			
113			
114			
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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